

**APPLICATION TO OPERATE A PERMANENT  
FOOD SERVICE ESTABLISHMENT**

**BUSINESS NAME AND ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email ADDRESS** \_\_\_\_\_

**MAILING ADDRESS** (if different from above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE RETURN COMPLETED FORM WITH  
PAYMENT TO:**

**Public Health – Seattle & King County  
Downtown Environmental Health  
401 – 5<sup>th</sup> Avenue, Suite 1100E  
Seattle, WA 98104**

**OFFICE USE ONLY**

PERMIT RECORD ID (PR#) \_\_\_\_\_

FACILITY NUMBER (FA#) \_\_\_\_\_

OWNER NUMBER (OW#) \_\_\_\_\_

PROGRAM ELEMENT (PE#) \_\_\_\_\_

PLAN REVIEW-SR (SR#) \_\_\_\_\_

VARIANCE -SR (SR #) \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_

APPROVED ☐

DISAPPROVED ☐

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**FEE SCHEDULE**

(See reverse side of this form)

FEE.....\$ \_\_\_\_\_

PRORATION PERIOD

(10/1 thru 3/31 = 1/2 annual fee) .....\$ \_\_\_\_\_

PENALTY .....\$ \_\_\_\_\_

TOTAL FEE DUE.....\$ \_\_\_\_\_

**PERMIT YEAR IS APRIL 1<sup>ST</sup> THROUGH MARCH 31<sup>ST</sup>**

**REQUIRED INFORMATION: Does your establishment qualify as a chain? Yes \_\_\_ No \_\_\_**

Required 2008 Food Code Changes can be found at: [www.kingcounty.gov/health/healthyeating/](http://www.kingcounty.gov/health/healthyeating/)

A "chain food establishment" is one of at least 15 establishments doing business under the same name, collectively having at least \$1 million in gross annual sales and offering substantially the same menu items (80% or more) by number, and at least 15 locations nationwide, regardless if under the same ownership or type of ownership.

If a general food service facility, indicate current seating capacity \_\_\_\_\_, are potentially hazardous foods served? Yes \_\_\_ No \_\_\_

Is time as temperature control used? Yes \_\_\_ No \_\_\_ Is a highly susceptible population served? Yes \_\_\_ No \_\_\_

If seasonal, list dates of operation: Opening \_\_\_\_\_ Closing \_\_\_\_\_

If grocery store, number of check-out stands \_\_\_\_\_

If you changed facility name, previous name: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Address of owner: \_\_\_\_\_

City and Zip code: \_\_\_\_\_ Daytime phone number: \_\_\_\_\_

**Permit Information:**

☐ Permit Renewal

☐ New Operation

☐ Change of Name

☐ Ownership Change

☐ Classification Change

**IMPORTANT MESSAGE TO APPLICANT:** Failure to fully complete form may result in it being returned for completion. Your signature to this form attests to the accuracy of the information and that the food code will be complied with. Renewal applications are mailed each year in February. This office should be notified of any change in your mailing address. If you do not receive a renewal application by February 28<sup>th</sup>, please notify this office at the phone number listed on the back of this form. Late fees are charged if permits are not renewed prior to expiration.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**Payment Information**

☐ Check or Money Order PAYABLE TO: SKCDPH ☐ Cash (In-person only. Do not mail cash)

Amount Charged: \$ \_\_\_\_\_ Print Name on Credit Card: \_\_\_\_\_

☐ VISA Card Billing Address & ZIP \_\_\_\_\_

☐ MasterCard CARD NUMBER \_\_\_\_\_

☐ Discover CARD EXPIRES \_\_\_\_ / \_\_\_\_ 3 Digit Code (on back): \_\_\_\_

Required Signature: (as on Credit card) \_\_\_\_\_ Date \_\_\_\_\_

**Food Establishment Categories and Permit Fees 2009**  
**Effective 3/23/09 - 12/31/09**

<b>PERMIT CATEGORY</b>	<b>Classification/Fee Risk 1</b>	<b>Classification/Fee Risk 2</b>	<b>Classification/Fee Risk 3</b>
General Food service- 0-12 seats	6701 - \$302	6702 - \$503	6703 - \$697
General Food Service- 13-50 seats	6711 - \$306	6712 - \$510	6713 - \$736
General Food Service- 51-150 seats	6721 - \$312	6722 - \$536	6723 - \$785
General Food Service- 151-250 seats	6731 - \$324	6732 - \$548	6733 - \$833
General Food Service- over 250 seats	6741 - \$337	6742 - \$552	6743 - \$870
Limited Food service- no permanent plumbing	6757 - \$302	NA	NA
Bakery- no seating	6751 - \$302	6752 - \$503	6753 - \$697
Bed and Breakfast	6761 - \$302	NA	NA
Grocery Store- no seating	6765 - \$302	6766 - \$503	NA
Caterer	6771 - \$302	6772 - \$503	6773 - \$697
Meat/Fish Market	NA	NA	6777 - \$567
Vending Machine	6775 - \$302	NA	NA
Mobile Food Service	6781 - \$302	6782 - \$503	6783 - \$697
Nonprofit Institution - unlimited seating, 501 (C)(3) status, Washington State Commission for the blind status, or municipal jail.	6735 - \$151	6736 - \$252	6737 - \$348
School Food Service	6791 - \$151	6792 - \$252	6793 - \$348

**PLAN REVIEW FEES**

New Construction	4 hour base fee (\$694 ) + \$173/hr after 4 hours
Remodel	3 hour base fee (\$520 ) + \$173/hr after 3 hours
Multiple plan review in one facility	3 hour base fee (\$520 ) + \$173/hr after 3 hours
Resubmitted plan review-billable	\$173/hr
Subsequent preoccupancy or field plan review	2 hour base fee (\$347 ) + \$173/hr after 2 hours
Changes to Mobile and Limited Food Service Establishments	\$347 +\$173/hr after 2 hours

**LATE FEES**

Annual permits 10-30 days	10%
Annual permits more 31 days – 60 days	20%
Annual permits more than 60 days late	30%
School Food Service	0%

**MISCELLANEOUS FEES**

Duplicate permit	\$25
Permit Transfer ,Name Change, no other change	\$25
Request for variance	\$154
Check returned by bank	\$25
Processing a refund	\$25
After hours inspection	Cost of service

Applications pertaining to a seasonal food establishment or a food establishment that is operated only after October 1<sup>st</sup> in any year, shall pay one-half (1/2) the applicable annual permit fee specified above.

Temporary Event Food Establishment fees are on the fee schedule on the Temporary Event application form.

<b>MAKE CHECKS PAYABLE TO:</b>	<b>SKCDPH</b>
<b>MAIL TO:</b>	<b>Public Health – Seattle &amp; King County</b>
	<b>Downtown Environmental Health</b>
	<b>401 - 5<sup>th</sup> Avenue, Suite 1100</b>
	<b>Seattle, WA 98104</b>
<b>PERMITS AND LICENSES PHONE:</b>	<b>206-296-2966</b>
<b>WEBSITE:</b>	<b><a href="http://www.kingcounty.gov/health/foodsftv">http://www.kingcounty.gov/health/foodsftv</a></b>